

City of San Antonio Employee Benefits Guide

# 2012 | BENEFIT MATTERS

Civilian



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# Open Enrollment: October 17 - November 16

## Quick Look

- The City of San Antonio has changed vision care providers from UnitedHealthcare Vision to Davis Vision. You will need to enroll online if you wish to continue your vision care in 2012. See page 10 for details.
- Several new Employee Wellness programs have been added for 2012. More information provided on page 14.

## Domestic Partners

City-sponsored benefits are available to domestic partners (same and opposite gender) and their dependent children.

Domestic partnership is defined as a committed relationship between two (2) adults, which meets all of the following conditions:

- Partnership is in effect for at least six (6) months;
- Both partners at least 18 years of age;
- Both partners are each other's sole domestic partner and intend to remain so indefinitely;
- Neither partner is married (legally or by common law) to, or legally separated from anyone else;
- Partners are not related by blood or marriage to a degree of closeness that would prohibit marriage in the state in which they reside;
- Both partners agree they are in a committed relationship and consider each other jointly responsible for each other's common welfare and financial obligations; and
- Both partners agree that they are not in the relationship solely to obtain benefits coverage.

Contact your department's Human Resources Generalist or Human Resources Customer Service for a Domestic Partner Enrollment Packet.

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## Contacts

Organization	Phone	Website
Human Resources Customer Service	(210) 207-8705	<a href="http://www.sanantonio.gov/hr">www.sanantonio.gov/hr</a> <a href="mailto:hrcustomerservice@sanantonio.gov">hrcustomerservice@sanantonio.gov</a>
CitiDent PPO (Dental Provider)	(800) 942-0854	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
SafeGuard Dental HMO (Dental Provider)	(800) 880-1800	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
City Employee Health + Wellness Center	(210) 921-2672	---
Davis Vision (Vision Provider)	(800) 448-9372	<a href="http://www.davisvision.com">www.davisvision.com</a>
Dearborn National Life Insurance	(800) 778-2281	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
Deer Oaks (Employee Assistance Program)	(210) 615-8880	<a href="http://www.deeroaks.com">www.deeroaks.com</a>
ICMA Retirement Corporation (Deferred Compensation Provider)	(800) 735-7202	<a href="http://www.icmarc.org">www.icmarc.org</a>
Nationwide Retirement Solutions (Deferred Compensation Provider)	(877) 677-3678	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
Texas Municipal Retirement System (TMRS)	(800) 924-8677	<a href="http://www.tmr.com">www.tmr.com</a>
UnitedHealthcare	(800) 996-2078	<a href="http://www.myuhc.com">www.myuhc.com</a>

# Glossary of Common Health Care Terms

The following is a list of health care terms that you will find used throughout this benefit guide. We have provided explanations for each of them so that you may better understand your benefits, how they work and what choices will be best for you and your dependents.

## Health Plan Features

**Annual deductible** - The amount you need to pay, not including co-pays, for covered health care services before the health plan pays most benefits. The annual deductible does not count toward your out-of-pocket maximum.

**Co-insurance** - The percentage you have to pay for health care services after you have met your annual deductible. For prescription drugs with generic equivalents, this is the percentage you pay based on the cost of the drug.

**Co-pay** - The flat fee you pay for certain services, like doctor's visits or prescription drugs related to diabetes or that do not have a generic equivalent. This is different from co-insurance.

**Out-of-pocket maximum** - The most you will pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year, not including co-pays. All covered health care expenses count toward the out-of-pocket maximum, except for co-pays and deductibles.

## Prescription Drugs

**Tier 1 (Generic) drugs** - Medications that generally cost the least. They usually include the generic version of medications, as well as other inexpensive drugs.

**Tier 2 (Preferred brand) drugs** - Brand name medications that normally do not have generic versions.

**Tier 3 (Non-preferred brand) drugs** - Medications that often include brand name drugs with generic versions or brand name drugs that are new to the market.

## Provider Networks

**In-network** - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates. These providers must pass a rigorous review of their personal history, disciplinary actions, licenses and certifications, and relevant training and experience.

**Out-of-network** - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

# Selecting Your Health Care Plan



Choosing the best health care plan for you and your dependents is essential to maximizing the health care benefits available to you. When considering your health care options, there are several factors to keep in mind including:

- Your health care needs
- Your dependents' health care needs
- Co-pays and deductibles
- Prescription drug expenses
- Biweekly premium amounts

Several online tools and resources are available to you at myuhc.com to assist you with selecting your 2012 health care plan and tracking your health care costs. Myuhc.com can be accessed on your mobile phone to check your account balances, find doctors, and more. You can also visit Healthcare Lane, a virtual street that makes learning about health care and health insurance easier and more enjoyable, at [www.healthcarelane.com/cosa](http://www.healthcarelane.com/cosa). New for 2012, the City has partnered with UnitedHealthcare to offer you the Custom Plan Cost Estimator. This new online tool has been developed to provide you with a better understanding of your total health care costs and assist you in planning for 2012.

## What is the Custom Plan Cost Estimator?

This easy-to-use tool allows you to compare the cost differences between the City's health care options. The Custom Plan Cost Estimator considers your estimated out-of-pocket expenses to help you select the plan that results in lower overall costs to you. It provides detailed comparisons for biweekly premiums, plan costs, out-of-pocket costs, and more. You can even use this tool to compare the costs of the City's plan offerings with those of your spouse's or domestic partner's employer's plan.

The Custom Plan Cost Estimator includes a Flexible Spending Account (FSA) contribution calculator. This feature helps you determine how much you should contribute to an FSA. Based on the biweekly amount you decide to contribute, you will be able to see your estimated tax savings.

## Use the Custom Plan Cost Estimator in 4 Easy Steps:

1. Visit [www.sanantonio.gov/hr](http://www.sanantonio.gov/hr) to log into the Custom Plan Cost Estimator.
2. Enter basic details about you and your dependents.
3. Indicate the health care usage for you and each of your dependents.
4. View your health care plan expenses and estimates.

Need help using the Custom Plan Cost Estimator? Contact Human Resources Customer Service at (210) 207-8705 or your department's Human Resources Generalist or Specialist. There will also be presentations regarding the Custom Plan Cost Estimator during the Open Enrollment Fairs.

## Plan Cost Estimator Example

- + Joe Cosa, Maintenance Worker
- + Employee + Family Coverage
- + Hired After January 1, 2009
- + Gross Medical Expenses of \$50,000 plus 10 Doctor's Visits A Year

	Value PPO	Standard PPO	Premier PPO
Annual Premium	\$3,000	\$5,388	\$9,900
Deductible	\$1,800	\$1,200	\$600
Co-insurance*	\$6,000 (max=\$6,000)	\$4,800 (max=\$4,800)	\$2,400 (max=\$2,400)
Co-pay	\$250 (\$25 per visit)	\$200 (\$20 per visit)	\$150 (\$15 per visit)
Total Employee Contribution	\$11,050	\$11,588	\$13,050
<b>Most Cost Effective Plan</b>	<b>Value PPO</b>		

\*Note: Employee + Family co-insurance rate is 20% for the Value PPO and Standard PPO, and 10% for the Premier PPO.

## How to Enroll

2012 Open Enrollment begins **October 17 and ends November 16, 2011**; selections will be effective January 1, 2012. Health care selections should be made carefully, and the Human Resources Department is happy to assist you. We also encourage you to utilize the various online tools and resources referenced throughout *Benefit Matters* to help you make the most informed decisions. **Elections may be changed ONLY during the annual Open Enrollment period or within 31 days of a Qualifying Life Event.** A list of the most common Qualifying Life Events can be found on page 5. For a complete list, visit [www.sanantonio.gov/hr/employee\\_information/benefits/index.asp](http://www.sanantonio.gov/hr/employee_information/benefits/index.asp).

### New for 2012

The City of San Antonio continues to offer employees the choice of three (3) health plan options: Value PPO, Standard PPO, and Premier PPO. This year, adjustments have been made to the individual and family deductibles and out-of-pocket maximum amounts. In addition, the City has a new vision provider, Davis Vision. City-sponsored benefits are available to domestic partners and their dependent children. See the sidebar on page 1 and page 5 for details.

Under the 2012 prescription drug plan, employees will only pay a \$5 co-pay for a 30-day supply of Tier 1 generic prescription drugs and a \$10 co-pay for a 90-day or mail order supply. For those employees and their dependents with diabetes, the City is offering a Value-Based Co-pay plan. Co-pays for Tier 1 generic diabetes prescription drugs are eliminated, and the co-pays for Tiers 2 and 3 are reduced in this plan. Detailed prescription drug information is available on page 8.

Selecting the right health care plans for you and your dependents is an important decision, and the City encourages you to use the new online Custom Plan Cost Estimator tool outlined on page 3 to assist you with making these decisions.

### Passive and Online Enrollment

Your Human Resources Specialist will provide you with a customized Enrollment Form for you to review your current benefits.

You will be passively enrolled in the health plans you have today if you take no action during Open Enrollment, **except for the vision plan and Flexible Spending Account.** You will need to enroll in the City's vision plan and Flexible Spending Account during Open Enrollment to have these benefits in 2012.

To enroll online or waive health care coverage, log on to the COSAweb or visit [www.sanantonio.gov/hr](http://www.sanantonio.gov/hr) to access the online enrollment portal. Follow the on-screen instructions to create your default password and complete your enrollment. If you forget your password, the portal will provide reset instructions. Your SAP number will serve as your user ID. Remember to print a copy of your confirmation page for your records.

### New Hires Enrolling After Open Enrollment

New employees have **31 days from their date of hire** to enroll themselves and their eligible dependents in the City's health benefit plans or provide the Human Resources Department with proof of alternate coverage. **All required information for adding a dependent, listed on page 5, must be provided at the time of enrollment.** To enroll, new employees should submit the 2012 Benefits Enrollment/Change Form found at [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp) to their department's Human Resources Specialist or to Human Resources Customer Service.

Benefit	Your Options
Medical	<ul style="list-style-type: none"> <li>Value PPO administered by UnitedHealthcare</li> <li>Standard PPO administered by UnitedHealthcare</li> <li>Premier PPO administered by UnitedHealthcare</li> </ul>
Dental	<ul style="list-style-type: none"> <li>CitiDent PPO administered by MetLife</li> <li>SafeGuard Dental HMO administered by MetLife</li> </ul>
Vision	<ul style="list-style-type: none"> <li>Davis Vision</li> </ul>
Basic Life, Accidental Death & Dismemberment, Supplemental Life and Dependent Life Insurance	<ul style="list-style-type: none"> <li>Dearborn National Life Insurance</li> <li>You are automatically provided with Basic Life Insurance equal to one times your salary.</li> <li>You are automatically provided with Accidental Death &amp; Dismemberment Insurance equal to one times your salary.</li> <li>You can purchase Supplemental Life Insurance for yourself.</li> <li>You can purchase Dependent Life Insurance for your dependents.</li> </ul>
Flexible Spending Account (Health Care FSA)	<ul style="list-style-type: none"> <li>You can contribute to the Health Care FSA before taxes to pay for eligible out-of-pocket health care expenses.</li> </ul>
Dependent Care Flexible Spending Account (Dependent Care FSA)	<ul style="list-style-type: none"> <li>You can contribute to the Dependent Care FSA before taxes to pay for eligible out-of-pocket dependent care expenses.</li> </ul>

# Eligibility / Dependent Eligibility

All full-time civilian City of San Antonio employees and their eligible dependents have the ability to participate in the Civilian Benefits Program. Part-time and temporary (seasonal) employees are not eligible to enroll.

Employees with alternate health care coverage have the option of waiving the City's health care coverage during Open Enrollment. If this is the case, employees will be asked to provide information about their alternate health care coverage.

## Eligible Dependents

You may elect health care coverage for you and your eligible dependents during the annual Open Enrollment period. See the chart below for the types of documentation required to add a dependent. Validation information is subject to change. Please contact Human Resources Customer Service at (210) 207-8705 for more information.

Adding a Dependent - Required Information	
Type of Eligible Dependent	The following is a list of information required by the City to add a dependent. Additional information may be requested to complete your enrollment.
Spouse	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Copy of marriage license <b>OR</b> Declaration of Informal Marriage, <b>AND</b></li> <li>• Social Security number, <b>AND</b></li> <li>• Date of Birth</li> </ul>
Domestic Partner (Same-gender or opposite gender)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• An Affidavit of Domestic Partnership, <b>AND</b></li> <li>• Social Security number, <b>AND</b></li> <li>• Date of Birth</li> </ul> <p>In addition, two (2) of the following supporting documents are also required:</p> <ul style="list-style-type: none"> <li>• Joint lease or mortgage, <b>OR</b></li> <li>• Joint bank account, <b>OR</b></li> <li>• Joint credit card, <b>OR</b></li> <li>• Jointly paid household expense (ex: utility bill) with both names, <b>OR</b></li> <li>• Beneficiary of life insurance or will, <b>OR</b></li> <li>• Power of attorney</li> </ul>
Dependent Child Age 26 and under  (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Social Security number, <b>AND</b></li> <li>• Date of birth</li> </ul> <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> <li>• Copy of birth certificate <b>OR</b> Verification of Birth Facts, <b>OR</b></li> <li>• Copy of adoption agreement, <b>OR</b></li> <li>• Copy of Qualified Medical Child Support Order, <b>OR</b></li> <li>• Copy of court custody or guardianship documents</li> </ul>

## Making Changes During the Year

Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2012. The Internal Revenue Service (IRS) requires that your benefit elections remain in effect for the entire calendar year, unless you experience a Qualifying Life Event.

Qualifying Life Events may include:

- Marriage
- Establishment of a Domestic Partnership
- Divorce, Legal Separation, Annulment, Dissolution of a Domestic Partnership
- Birth or Adoption of an Eligible Child
- Change in you, your spouse's/ domestic partner's work status (full-time or part-time) that affects benefits eligibility
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order
- Death of a dependent

You must notify the Employee Benefits Office within 31 calendar days of your Qualifying Life Event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 days and do not provide documentation, you must wait until the next Open Enrollment period to change your benefit elections.

## Health Plan Premiums

Health Plan	Hired Before January 1, 2009	Hired After January 1, 2009
<b>Value PPO</b>		
Employee Only	\$3.50	\$6
Employee + Child(ren)	\$9	\$41.50
Employee + Spouse / Domestic Partner	\$36	\$96
Employee + Family	\$46	\$125
<b>Standard PPO</b>		
Employee Only	\$13.50	\$39.50
Employee + Child(ren)	\$35	\$99.50
Employee + Spouse / Domestic Partner	\$70.50	\$165.50
Employee + Family	\$92.50	\$224.50
<b>Premier PPO</b>		
Employee Only	\$56	\$93
Employee + Child(ren)	\$122.50	\$209
Employee + Spouse / Domestic Partner	\$187	\$297.50
Employee + Family	\$254.50	\$412.50

## Vision Plan Premiums

Vision Plan	Premium
Employee Only	\$3.92
Employee + Child(ren)	\$7.01
Employee + Spouse / Domestic Partner	\$7.01
Employee + Family	\$10.38

## Dental Plan Premiums

Dental Plan	CitiDent PPO	Safeguard Dental HMO
Employee Only	\$14	\$5.36
Employee + Child(ren)	\$21	\$9.99
Employee + Spouse / Domestic Partner	\$21	\$9.99
Employee + Family	\$31.50	\$14.99

**All premium amounts shown are biweekly.**

### Domestic Partner Tax Implications

When you enroll your domestic partner or your partner's child in one of the City's health plans, the IRS considers the City's contribution toward the additional coverage as income for federal tax purposes. This income is the amount the City contributes towards the cost of additional coverage for your domestic partner and/or your partner's child. Any increase in your biweekly payroll deduction amount to cover your domestic partner and/or your partner's child is also taxable.

The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet.

This monthly income must be added to your gross taxable income per IRS Code. Below is a simplified example of how this income is calculated. The City understands that this is a complex issue. Please consult your personal tax advisor for assistance.

If the City contributes this amount towards your total biweekly medical premium for Employee + Family (Domestic Partner and Domestic Partner child), and	If the City contributes this amount towards your total biweekly medical premium for Employee Only, then	The difference is the amount of biweekly income you would be taxed on. In this case, you would be taxed on the \$600 difference each pay period.
\$1,000 (City contribution)	\$400 (City contribution)	\$600 = (\$1,000 - \$400)



# Health Plans Comparison

The health plan coverage is the same for all three health options. The amount you will pay out-of-pocket for each option varies. A health plan comparison chart is provided below.

Plan Benefit	Value PPO		Standard PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$900 / \$1,800	\$1,800 / \$3,600	\$600 / \$1,200	\$1,200 / \$2,400	\$300 / \$600	\$600 / \$1,200
Annual Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,400 / \$4,800	\$4,800 / \$9,600	\$1,200 / \$2,400	\$2,400 / \$4,800
Co-insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
Physician Office Visits and Urgent Care (Including Ancillary Services During the Visit)	\$25	40% after deductible	\$20	40% after deductible	\$15	40% after deductible
Emergency Care and Ambulance Services	20% after deductible		20% after deductible		10% after deductible	
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Chiropractic Care (\$500 Maximum Annual Benefit)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Preventive Screenings	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible
Maternity Services	Same as Physician Visits and Emergency Care Admissions Benefits					



# Prescription Drug Plan



When considering your health plan options, it is important to consider your family's use of prescription drugs. The City's prescription drug benefit, administered by UnitedHealthcare, provides you with access to a wide variety of drugs while helping to make the medications you need more affordable.

To get the most from your pharmacy benefit, choose one of the more than 60,000 in-network retail pharmacies to fill your next prescription. This nationwide network includes both chain and independent stores. Visit [myuhc.com](http://myuhc.com) to find an in-network pharmacy near you.

## Generic Prescription Drugs

Remember to ask your doctor if your prescription drug has a generic equivalent. Prescription drugs are placed into tiers, and each tier is assigned a cost. Tier 1 contains most generic prescription drugs, and it is usually the lowest-cost tier option. Generic prescription drugs contain the same active ingredients as brand name drugs, typically found in Tiers 2 and 3. Over 75% of brand name drugs have an available generic equivalent.

New for 2012, the co-pays for Tier 1 generic prescription drugs have been reduced by 50% and will cost only \$5. You still have the option of purchasing brand name prescription drugs when generic equivalents are available; however, you will pay co-insurance (percentage based on the cost of the drug) up to a maximum dollar amount. If the brand name prescription drug does not have an equivalent, then you will only need to pay a co-pay amount.

## Value-Based Co-pays

It is important for employees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. To assist employees and their eligible dependents who have diabetes with achieving a better quality of life, the City's Value-Based Co-pay plan offers prescription drugs related to diabetes at reduced amounts. For Tier 1 generic diabetes prescription drugs, co-pays have been eliminated, and the co-pays for Tiers 2 and 3 have been reduced.

## 90-day and Mail Order Prescriptions

Purchasing a 90-day supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day supply typically costs less than buying a 30-day supply three (3) times. In addition to purchasing a 90-day supply at a retail pharmacy, you can also have it delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure that your 90-day supply is available when you need it. To begin using mail order, visit [myuhc.com](http://myuhc.com) or [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp) for the Mail Order Form.

2012 Prescription Drug Plan			
All Plans: Value PPO, Standard PPO, Premier PPO	Prescriptions with Generic Equivalents	Prescriptions without Generic Equivalents	Value-Based Co-pay (Diabetes Prescription Drugs)
30-day Retail			
Tier 1	\$5 Co-pay	N/A	\$0
Tier 2	20% Co-insurance with \$40 cap	\$20 Co-pay	\$10 Co-pay
Tier 3	35% Co-insurance with \$65 cap	\$40 Co-pay	\$20 Co-pay
90-day or Mail Order			
Tier 1	\$10 Co-pay	N/A	\$0
Tier 2	15% Co-insurance with \$80 cap	\$40 Co-pay	\$20 Co-pay
Tier 3	30% Co-insurance with \$130 cap	\$80 Co-pay	\$40 Co-pay

# Dental Plans



Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes.

Through the dental benefits plan administered by MetLife, you and your dependents have access to a national network of dental providers.

## CitiDent PPO

The CitiDent PPO is a dental PPO plan that allows you to obtain preventive, basic, major, and orthodontic care from the dentist of your choice. Services obtained from a network provider are reimbursed at a higher amount.

Coverage Type	In-Network	Out-of-Network
Type A - Preventive Care (Cleanings and Oral Exams)	Covered at 100%*	Covered at 100%**
Type B - Basic Care (Fillings, Simple Extractions, and Periodontics)	Covered at 80%*	Covered at 80%**
Type C - Major Care (Bridges, Dentures, and TMJ)	Covered at 50%*	Covered at 50%**
Type D - Orthodontia	Covered at 50%*	Covered at 50%**
Deductible† (Individual / Family)	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit (Per Person)	\$1,200	\$1,200
Lifetime Orthodontia Maximum (Per Child)	\$1,500	\$1,500
Lifetime TMJ Maximum (Per Person)	\$500	\$500

\*Refers to the fees that participating Preferred Dentist Program (PDP) dentists have agreed to accept as payment in full, subject to any co-pays, deductibles, cost-sharing, and benefit maximums.

\*\*Refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of the (1) dentist's actual charge, (2) dentist's usual charge for the same or similar services, or (3) charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Types B & C and TMJ services.

## SafeGuard Dental HMO

The SafeGuard Dental HMO is a dental plan that provides comprehensive dental care when services are obtained from an in-network primary dentist. During enrollment, select a participating dentist to serve as your primary dentist. With this plan, you are only responsible for the co-pays for any covered services you receive from your selected dentist. There are no deductibles, yearly maximums, or paper claims to file. Examples of common services and co-pays are listed below.

Description	Co-pay
Office Visit	\$5
Oral Exam, X-rays, and Fluoride Treatment	No Cost
Prophylaxis (Teeth Cleaning Twice a Year)	No Cost
Periodontal Scaling and Root Planning, Per Quadrant	\$40
Fillings for One Surface, Anterior	\$10
Surgical Extraction and Erupted Tooth	\$30
Root Canal-Molar (Excluding Final Restoration)	\$200
Crown	\$185
Orthodontics (Children and Adults)	\$1,695

## Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life.

Through Davis Vision, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contacts are available to you at only the cost of applicable co-pays. Detailed vision plan information is available at [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp).

### Contact Lens Benefits

Contact lenses selected (in lieu of eyeglasses) from Davis Vision's Contact Lens Collection are covered in full.

Davis Vision's partnership with LENS123 gives you the option of ordering replacement contact lenses through mail-order and having them delivered to your home. This saves you both time and money.

### Frame Benefits

Several designer and brand name frames are available to you at only the cost of applicable co-pays, through Davis Vision's Frame Collection. As an added benefit, there is a one-year eyeglass breakage warranty included on plan eyewear at no additional cost.

### Additional Vision Benefits

Davis Vision offers a 25% discount off of a provider's Usual and Customary fees, or 5% off any advertised specials, whichever is lower, for laser vision correction surgery.

The Eye Health Connection Program, offered by Davis Vision, provides enhanced services and benefits to those with cataracts, diabetes, macular degeneration, and glaucoma. If you have one of these conditions, you are eligible to receive an additional eye exam during the calendar year. Also, you can sign up to receive educational and informational emails from Davis Vision at [www.davisvision.com](http://www.davisvision.com).

### In-Network Benefit Summary

Comprehensive Eye Exam - \$10 co-pay, one exam per year	
Frames (in lieu of contacts)	Contacts (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup> .	Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$175).	\$150 retail allowance toward Non Collection Contact lenses, plus 15% off balance <sup>2</sup> .
One year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow Up Care - Once per calendar year beginning January 1. Davis Vision Collection Contacts covered in full. Non Collection Standard or Specialty Contacts: 15% discount <sup>2</sup> .
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

Additional Discounted Lens Options and Coatings		
Most Popular Options	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 <sup>2</sup> - \$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions <sup>3</sup> )	\$123	\$90

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations.

<sup>2</sup>For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

<sup>3</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

### Out-of-Network Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found online at [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp).

# Flexible Spending Accounts

Open a Flexible Spending Account (FSA) to help cover the cost of eligible health care and dependent care expenses. Each paycheck you set aside some of your pay, before taxes, to use for eligible expenses.

- The annual contribution limit is \$5,000 for each account (health care and dependent care).
- Only eligible expenses incurred from January 1 - December 31 may be reimbursed from your FSA. ***All claims for reimbursement must be filed by March of the following calendar year. Any remaining money will be lost.***

## Health Care FSA

A Health Care FSA reimburses you for out-of-pocket medical expenses incurred by you or your IRS Tax Dependents, whether

Eligible Health Care FSA expenses include:

- Co-pays and deductibles
- Vision and dental care expenses
- Over-the-counter drugs with a prescription

Ineligible Health Care FSA expenses include:

- Insurance premiums
- Vision warranties and service contracts
- Teeth whitening

## Dependent Care FSA

You can use the Dependent Care FSA to pay for eligible day care expenses related to the care of or services provided to children under the age of 13, or tax dependents who are mentally or physically incapable of caring for themselves. Dependent care claims are submitted using an FSA claim paper form.

Eligible Dependent Care FSA expenses include:

- Babysitter
- Day camp
- Child care center

Ineligible Dependent Care FSA expenses include:

- Expenses you claim under the Federal Dependent Care Tax Credit
- Health care expenses you pay for your dependents
- Transportation to and from a care provider

## How it Works

1. Estimate your expenses for the year and decide how much money to set aside.
2. Enroll in the FSA when you enroll in your benefits.
3. The total amount will be divided by 24, and that amount will be deducted from each biweekly paycheck.
4. When you have expenses, you can use the money in your FSA to reimburse yourself. Your Health Care FSA comes with a Consumer Accounts Card from UnitedHealthcare. For dependent care reimbursement, complete the Dependent Care Claim Form at [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp).

FSA Savings Example		
With FSA		Without FSA
\$31,000	Annual Gross Income	\$31,000
-\$5,000	FSA Deposit for Expenses	-\$0
\$26,000	Taxable Gross Income	\$31,000
-\$5,889	Taxes	-\$7,021
\$20,111	Annual Net Income	\$23,979
-\$0	Cost of Expenses	-\$5,000
\$20,111	Spendable Income	\$18,979

By using an FSA to pay for anticipated expenses, you can convert the money you save in taxes to additional spendable income. The example above reflects a potential **annual savings of \$1,132**.

\*Example based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.



# Life Insurance

## Life Insurance

One of the most important things about life insurance is the financial peace of mind it gives your loved ones. The City provides all full-time employees with Basic Life and Accidental Death & Dismemberment Insurance through Dearborn National Life Insurance Company. Additionally, you also have the ability to purchase voluntary life insurance for yourself and your dependents.



- ✦ **Basic Term Life Insurance and Accidental Death and/or Dismemberment Insurance** in the amount of one (1) times your annual salary, for each, are provided to all full-time civilian employees. This insurance is provided at no cost to you.
- ✦ You also have the option of purchasing voluntary **Supplemental Life Insurance** of up to five (5) times your annual base salary (not to exceed \$300,000). The cost of coverage is based on your age and amount of coverage you are selecting. Benefits are reduced at age 70. Visit [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp) to see the plan certificate of coverage. New employees may enroll in up to two (2) times their annual salary or \$200,000 in Supplemental Life Insurance without answering any medical questions during their first 31 days of hire. Enrollment after that time may be requested during the annual Open Enrollment period upon successful completion and approval of an Evidence of Insurability Questionnaire. Coverage requested after the first 31 days of employment or in excess of two (2) times your annual salary cannot be guaranteed.
- ✦ **Dependent Life Insurance** is available to you at a biweekly premium cost of \$2 regardless of the number of covered dependents. The plan will pay \$25,000 for a spouse / domestic partner and/or \$10,000 for each dependent child through age 20 (or age 25 if a full-time student), in the event of death.

# Retirement

## Texas Municipal Retirement System (TMRS)

The City of San Antonio participates in the Texas Municipal Retirement System. Combined with Social Security benefits and personal retirement savings accounts, TMRS benefits can help provide financial security during retirement. Employees contribute 6% of their salary, and the City contributes two (2) times the employee contribution after the employee becomes vested. Employees become vested after five (5) years of service. Criteria for retirement is five (5) years of service at age 60 or 20 years of service at any age.

Specific details about TMRS benefits, including benefit estimates, may be obtained at the TMRS web site at [www.tmrs.com](http://www.tmrs.com) or by calling TMRS at (800) 924-8677.

## Retirement Savings Accounts (Deferred Compensation)

The City of San Antonio provides employees an additional way to save for retirement through a Section 457 Deferred Compensation Plan, administered through two providers. The plan is designed to be a supplement to an employee's TMRS benefits and Social Security. Nationwide Retirement Solutions and ICMA Retirement Corporation are the City's deferred compensation providers. Representatives from these companies are on-site at the Human Resources Department weekly.

Contribution limits are set yearly by the IRS. For 2011, the maximum contribution was \$16,500, and employees over age 50 could contribute up to \$22,000. Once the 2012 maximum contribution amounts are determined, they will be available at [www.sanantonio.gov/hr/employee\\_information/benefits/index.asp](http://www.sanantonio.gov/hr/employee_information/benefits/index.asp). City employees who wish to participate must contribute a minimum contribution of \$10 per paycheck. As long as an employee elects to participate, a deduction will be taken from each of the 26 paychecks per year. An employee may stop deductions at any time by contacting the retirement plan provider or the Employee Benefits Office.

# Health Benefits Notices

Following are summaries of the health benefits notices. Visit the Employee Benefits website at [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp) for the complete information on each of the notices referenced below.

## Actively-at-Work

Employees must be actively at work the first business day in January 2012 to be eligible for any new enrollment or change to Supplemental Life Insurance, and/or Flexible Spending Accounts.



## COBRA Provisions

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical, vision, and dental coverage at their own cost in the case of certain qualifying events.

Employees or qualified beneficiaries are required to notify the Employee Benefits Office within 60 days of a divorce, legal separation, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City will notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

## HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

## USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) explains health plan continuation rights of employees who are called to serve active duty in the U.S. Armed Forces for more than 30 days.

## Summary Plan Documents/Plan Documents

This guide is intended to provide summary information about the benefit plans offered to the civilian employees of the City of San Antonio. Complete plan details are available in the Summary Plan Documents available from the Human Resources Department. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern. Visit [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp) to view the Summary Plan Documents.

ANY BENEFITS AND CONTRIBUTIONS UNDER THE CITY OF SAN ANTONIO'S INSURANCE OR SELF-FUNDED PROGRAMS ARE SUBJECT TO CHANGE AS DETERMINED BY THE CITY COUNCIL IN ANY BUDGET YEAR, OR BY ORDINANCE OR AMENDMENT.

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED, TO AMEND THE CITY EMPLOYEE HEALTH BENEFITS PLAN AND SET PREMIUMS FOR EMPLOYEE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE 2011-09-15-0749).

## Employee Wellness

Your overall health and well-being is a priority for you, your dependents, and the City. To support you, the Employee Wellness Program offers a variety of programs and services to help make the healthy choice the easy choice.

In 2012, the Employee Wellness Program will continue to focus on physical activity, disease management, tobacco cessation, and more. To assist employees with making the healthy choice the easy choice, a Fitness Center Rebate Program and On-Site Wellness Coaches will be offered. Details about these two new programs and other Employee Wellness Programs are provided below.

### New! Fitness Center Rebate Program

Civilian employees who are enrolled in a fitness center may be eligible to participate in the Fitness Center Rebate Program. To be eligible, you must have 100 visits to the fitness center annually. Eligible participants receive up to \$20 per month, not to exceed the annual fitness center membership amount. The rebate will be issued biannually.

### New! On-site Wellness Coaches

The City's On-site Wellness Coaches provide one-on-one coaching services to employees on a variety of topics including nutrition, physical activity, weight management, and reduction of risk for chronic disease. Call the Employee Wellness Program at (210) 207-WELL (9355) or email [Healthcoach@sanantonio.gov](mailto:Healthcoach@sanantonio.gov) to schedule an appointment.

### Tobacco Cessation Program

Administered by the American Cancer Society, the City's customized Quitline is available to all full-time employees and their spouses/domestic partners at no cost. The Quitline offers professional counselors to assist you through the toughest parts of quitting tobacco. Counselors also work with you on a one-on-one basis to determine the best way for you to end your tobacco use. You and/or your spouse/domestic partner may also be eligible for free nicotine replacement therapy such as gum and patches in conjunction with Quitline counseling. To enroll, call 1-866-QUIT-4-LIFE (1-866-784-8454) or visit [www.quitnow.net](http://www.quitnow.net). **In 2013, the City will consider adjusting benefit costs for existing tobacco users.**

### Wellness Rewards Program

Full-time civilian employees and eligible spouses/domestic partners on the City's health plan have the opportunity to participate in the 2012 Wellness Rewards Program. Participants can earn up to \$125 each in contributions to a Health Care FSA just by completing eligible healthy activities. Eligible activities include: completing a City-sponsored tobacco cessation program, completing sessions with the City's On-site Wellness Coaches, obtaining a routine annual health screening, or utilizing an Employee Health Station. Employees are encouraged to take advantage of the many programs, events, and benefits the Employee Wellness Program has to offer and earn rewards at the same time.

### Employee Assistance Program

Deer Oaks is the City's Employee Assistance Program provider. The City offers you and members of your household up to six (6) counseling sessions per issue (unlimited issues), per year. There is no cost to use these benefits. The Employee Assistance Program provides counseling services for work, personal, marriage and family issues, one (1) free consultation with an attorney per year, and financial and management counseling. All services provided by the Employee Assistance Program are confidential and HIPAA-compliant. Contact the Employee Assistance Program at (210) 615-8880 or visit [www.deeroaks.com](http://www.deeroaks.com) (Username and Password: cosa).

### Employee Health + Wellness Center

The City's dedicated Health + Wellness Center, located at 1303 McCullough Ave., Ste. 170, is available to all employees for convenient and comprehensive medical and preventive care. The center is operated by Gonzaba Medical Group, and it offers any medical service that can be accessed at a primary care provider. If you are on the City's civilian health plan, you pay 50% of the usual physician co-pay at the center. Walk-ins or appointments are accepted. You will also receive up to two (2) hours of free parking when you visit the center. For more information, call the Employee Health + Wellness Center at (210) 921-COSA (2672).

For more information on the Employee Wellness Program resources available to you, visit [www.sanantonio.gov/hr/employee\\_information/wellness/index.asp](http://www.sanantonio.gov/hr/employee_information/wellness/index.asp).

# Open Enrollment Fairs

The Human Resources Department will host several Open Enrollment Fairs at various locations across the city to assist you with making your 2012 benefits decisions. The fairs are designed to provide you an opportunity to **1)** learn how to use the Custom Plan Cost Estimator **2)** receive enrollment help **3)** meet with benefit providers including UnitedHealthcare, the Employee Wellness Program, MetLife, Davis Vision, and Dearborn National **4)** get a flu shot at no cost to you (flu shots are subject to availability of the vaccine).

Open Enrollment Fairs are held in addition to the department presentations conducted by Human Resources Generalists. For assistance during Open Enrollment, contact Human Resources Customer Service at (210) 207-8705 or your department's Human Resources Generalist or Specialist. To find your department's Human Resources Generalist or Specialist visit [www.sanantonio.gov/hr/employee\\_relations/generalist.asp](http://www.sanantonio.gov/hr/employee_relations/generalist.asp).

Date/Time	Facility	Room	Address
Wednesday, October 19 10:00 a.m. - 3:00 p.m.	San Antonio International Airport	Terminal B	9800 Airport Blvd., 78216
Thursday, October 20 10:00 a.m. - 2:00 p.m. This is also a health expo.	International Center	3rd Floor Conference Room	203 S. St. Mary's St., 78205
Tuesday, October 25 1:00 p.m. - 7:00 p.m.	Alamodome	Plaza Concourse	100 Montana St., 78203 Parking available in Lot A
Wednesday, October 26 1:00 p.m. - 7:00 p.m.	Alamodome	Plaza Concourse	100 Montana St., 78203 Parking available in Lot A
Wednesday, November 2 11:00 a.m. - 6:00 p.m.	Northeast Service Center	Building 1, Conference Room	10303 Toolyard, 78233
Wednesday, November 9 1:00 p.m. - 4:00 p.m.	Ron Darner (Parks and Recreation Operations Headquarters)	Enrique Barrera Fitness Center	5800 Old Highway 90 W., 78227
Tuesday, November 15 4:00 p.m. - 7:00 p.m.	Development and Business Service Center (One-Stop)	Training Rooms A and B	1901 S. Alamo St., 78204

# Employee Leave

## Personal and Annual Leave

Full-time civilian employees can accrue and take leave for vacation, holidays, illness, or to attend to personal matters.

- Personal Leave accrues on a quarterly basis and must be used by the end of the calendar year.
- Annual Leave accrues on a monthly basis on an employee's anniversary date following the first six (6) months of employment. Unused Annual Leave may be carried over to the next calendar year up to a maximum of 400 hours.

For detailed employee leave information or to view Administrative Directive 4.4, *Leave Administration*, visit [www.sanantonio.gov/hr/employee\\_information/benefits/employee\\_leave.asp](http://www.sanantonio.gov/hr/employee_information/benefits/employee_leave.asp).

FY 2011 - 2012 Holiday Schedule	
Holiday	Date
Veteran's Day	November 11, 2011
Thanksgiving Day	November 24, 2011
Day After Thanksgiving	November 25, 2011
Christmas Day (observed)	December 26, 2011
Winter Holiday	December 27, 2011
Winter Holiday	December 28, 2011
Winter Holiday	December 29, 2011
New Year's Day (observed)	December 30, 2011
Martin Luther King, Jr. Day	January 16, 2012
Fiesta San Jacinto	April 27, 2012
Memorial Day	May 28, 2012
Independence Day	July 4, 2012
Labor Day	September 3, 2012